

Conclusion: The ADD service was successful in identifying and addressing medication-related problems for nursing home residents. Moreover, this service demonstrates the importance of community pharmacist involvement in medication management for older patients, facilitating an appropriate and personalized treatment.

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Preferred information sources and needs of outpatients in a Spanish urban tertiary hospital: a cross-sectional study

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Background: Providing patients with comprehensive and tailored information about their healthcare is essential for improving adherence, efficacy, safety, and overall, quality of care.

Purpose (research question): To assess outpatients' perceptions of the information received across different aspects of health-care.

Method/study design: A descriptive cross-sectional study was conducted from April to June 2024. A sample of 184 patients was recruited at the Outpatient Pharmacy Care Unit of a hospital that serves a population of over 260,000 inhabitants. The validated Hospital Outpatients' Information Needs Questionnaire (HOINQ) was administered, covering topics such as illness, medical examinations, treatment, additional support services, levels of information satisfaction and information source preferences. Sociodemographic and clinical variables were also collected to explore their influence in information needs.

Findings: The results indicated that while most patients perceived the information they received as adequate, notable areas for improvement were identified. Average scores, measured on a scale from 1 (none) to 4 (a lot), ranged from 2.6 to 3.5 across questionnaire items. However, lower scores were reported for psychological support services (1.9) and rehabilitation services, such as physiotherapy and occupational therapy (1.9).

Patients with HIV reported the highest information levels (3.4), followed by respiratory diseases (3.2) and multiple sclerosis (3.1). In contrast, patients with conditions requiring selective immunosuppressants (2.9), recombinant human erythropoietin (2.8) or antimigraine drugs (2.7) reported lower levels of information.

Additionally, significant differences in information perception were observed based on educational level, gender, year of diagnosis, and duration of attendance at the unit. Patients without formal education scored 2.4, compared to over 3.0 for university graduates. Men reported higher levels of information received (3.2) than women (2.9), and patients with longer durations of attendance at the Outpatient Pharmacy Care Unit or more time since diagnosis tended to report higher scores.

Conclusion: This study highlights the importance of tailoring communication strategies to meet individual patient needs, enhancing the outcomes of pharmaceutical care. The Outpatient Pharmacy Care Unit, as a setting, and the involvement of pharmacists proved to be particularly valuable for evaluating Patient-Centered Care practices. Lastly, the continued use of the HOINQ questionnaire in other hospital regions could provide consistent data to customize health information according to patients' demographic and clinical characteristics.

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Utilizing the Theoretical Domains Framework to investigate community pharmacists' views on drug-related problem management in routine pharmacy practice

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Background: The Theoretical Domains Framework (TDF) is a valuable tool for exploring healthcare professionals' perceptions of their roles and responsibilities, particularly in the context of patient care. Comprising 14 domains each containing a set of constructs the TDF provides a structured approach to analysing factors that shape behaviour [1]. Applied in a variety of healthcare settings, the TDF has identified key barriers and facilitators, such as role clarity, contextual challenges and beliefs about outcomes. Considering the evident absence of a unified approach for addressing drug-related issues (DRIs) across Europe, the TDF was employed to examine the perspectives of community pharmacists in Austria.

Purpose: This study aimed to use the Theoretical Domains Framework (TDF) to systematically explore the behavioural determinants influencing community pharmacists' management of drug-related problems (DRPs). By structuring the focus group topic guide around the 14 domains of the TDF and the coding around the 84 constructs, this study sought to identify specific factors influencing pharmacists' practice, thereby informing future collaborative efforts.

Method: Four focus group discussions were conducted with a purposive sample of 23 Austrian community pharmacists. In developing the topic guide, the TDF was used as a theoretical foundation to address relevant domains. Two researchers independently coded the verbatim transcripts deductively using the 84 constructs of the TDF. The identified constructs were summarised to generate themes.

Findings: Domains such as environmental context and resources, knowledge, social/professional role and identity, and beliefs about skills were most pressing to the participants. The lack of DRP documentation and limited inter-professional collaboration were identified as primary barriers to the management of DRPs. The TDF's structured approach helped to identify the factors influencing pharmacists' behaviour in the management of DRPs. The coding with the 84 constructs of the TDF proved to be a time-consuming process, necessitating extensive discussions within the research group and a heightened level of immersion in the TDF constructs to reach agreement.

Conclusion: The TDF served as a comprehensive tool to explore the complexity of community pharmacists' behaviours in relation to DRP management, providing insight into key behavioural determinants and practical challenges. By systematically categorising behavioural influences, the TDF highlighted key issues such as the lack of DRP documentation and the need for greater inter-professional collaboration.

1. Atkins L, Francis J, Islam R, O'Connor D, Patey A, Ivers N et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems.

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Interprofessional perspectives on opioid use in chronic non-cancer pain in primary care

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Background: Chronic non-cancer pain presents a significant challenge in primary care, particularly regarding opioid management. Clinical pharmacists play an important role in addressing the complexities of opioid use. However, understanding interprofessional dynamics and opportunities for collaboration among healthcare professionals is essential for optimizing patient outcomes and addressing systemic barriers.

Purpose: This study explored the perspectives of clinical pharmacists and other non-physician healthcare professionals on opioid use in chronic non-cancer pain

management in primary care.

Methods: A qualitative approach was employed using semi-structured focus groups. Two focus groups were conducted with clinical pharmacists in general practice, and three with non-physician primary care professionals in Region Uppsala, Sweden, during May–June 2022. Discussion topics covered chronic pain treatment, opioid management, non-pharmacological alternatives, and interprofessional collaboration. All interviews were audio-recorded, transcribed verbatim, and analysed thematically.

Findings: Five focus groups included seven clinical pharmacists, five physiotherapists, two nurses, two psychologists, and one dietician. Thematic analysis revealed five key themes: (1) the psychological and quality-of-life impact of chronic pain; (2) the complexity and general undesirability of opioid treatment for chronic pain; (3) insufficient access to or barriers against non-pharmacological alternatives; (4) the benefits of interprofessional care, particularly incorporating pharmacists' expertise; and (5) prerequisites for successful treatment, including clear care plans, consistency among physicians, and dedicated resources.

Conclusion: Clinical pharmacists and other non-physician healthcare professionals recognize the complexity of the management of chronic non-cancer pain, favoring non-pharmacological care over long-term opioid use. Future initiatives to improve primary care should focus on supporting interprofessional collaboration, a critical factor in enhancing the management of chronic pain.

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An interview study with caregiving family members on challenges on hospital discharge and opportunities for community pharmacies

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Background: In Germany, at least 3 Million family members are estimated to support patients in medication management. Taking on these tasks, often without receiving any medication-related education or training, can be challenging for caregiving family members, overburden them and potentially lead to medication errors.

Purpose: As part of the CAPAA project, caregivers were interviewed with the aim to analyse the problems they experience in long-term care but also especially after hospital discharge of the family member they care for and to identify the potential for community pharmacies to support medication management.

Method/Study Design: A preceding focus group discussion was held in order to develop the topic guide for the semi-structured interviews, that covered the caregivers' experiences with the medication-related care after a hospital discharge of the patient as well as in long-term care and their collaboration with community pharmacies. The interviews were conducted face-to-face, audio-recorded, transcribed verbatim and analysed using qualitative content analysis in MAXQDA 24. All problems but also support measures identified were mapped to the different stages of the medication process, i.e. prescription, information, dispensation, administration, monitoring and communication.

Findings: A total of six caregivers were interviewed (62.6 ± 6.5 years old, 83.3 % female). Caregivers reported various problems throughout the medication process. The gap in information was a challenge both after hospital discharge as well as in long-term care. Often this was due to limited knowledge, but also due to poor communication with the hospital or general practices. Furthermore, medication management required organisational effort, which was considered time-consuming. Home-delivery of medication, together with easy accessibility and pharmaceutical competences, made the community pharmacy an important resource for caregivers. However, some participants were unaware of which further support community pharmacies may offer, such as pharmaceutical services, and therefore did not proactively ask for this so far.

Conclusion: The interviews showed that the caregivers experience various problems. Community pharmacies are perceived as supportive even though not all potential services a community pharmacy might offer were requested by the caregivers so far. As part of the CAPAA project, additional interviews are

conducted with professional caregivers of home care services, pharmacists and patients which will make it possible to analyse the best way to collaborate with all stakeholders.

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Medication Adherence and Quality of Life Characterization in a Sample of Low-income Seniors from the Inner Center of Portugal

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Background: Low-income seniors face financial challenges that can influence their healthcare access, quality of life, and medicine use. Medication Adherence in this population is often low and can impact seniors' quality of life.

Purpose: Access medication adherence and quality of life in a sample of low-income seniors from the inner center of Portugal.

Method: A questionnaire was applied to a convenience sample of older adults from the inner center of Portugal. The questionnaire included the Measure of Adherence to Treatment scale (MAT) and the European Quality of Life-5 Dimensions 5 Response Levels from EuroQol (EQ-5D-5L), both translated and validated for Portugal. The study obtained ethics approval and the participants gave their informed consent to participate in the study.

Findings: Of the 103 participants, 63.1% were female, and 70.9 % were between 65 and 74 years old. In terms of education, 75.7% had only completed primary school.

In terms of medication use, we found that 72.8% of older adults take five or more medicines per day. Almost 50% of participants had adherence values below the median (5.42), and 37.9% reported that sometimes forgot to take their medication. The application of the EQ-5D-5L questionnaire revealed the following results regarding walking problems: 35% of participants experienced moderate difficulties, while 24.3% reported no walking issues at all, and 22% faced severe walking problems. Regarding personal care, the majority (62.1%) had no problems washing or dressing themselves. In terms of carrying out their usual activities, 48.5% reported no problems, 20.4% had slight problems, and a further 20.4% had moderate problems. Regarding pain or discomfort, 35.9% reported having moderate pain or discomfort, 23.3% mild, and 22.3% severe, only 17.5 % reported having no pain or discomfort at all. Concerning anxiety or depression, 38.8% of participants reported feeling neither anxious nor depressed, while 27% indicated they felt moderately anxious or depressed. The EQ-VAS scores showed that 65% of older adults rated their health as at 50% or worse, and only a small number of individuals reported the best possible quality of life.

Conclusion: A large percentage of participants had low medication adherence and a poor quality of life. This highlights the urgent need for effective interventions to enhance treatment adherence and subsequently improve the quality of life for low-income seniors.

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Exploring health professionals' engagement during identification and management of pain in people living with dementia: how pharmacists compare?

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